



Credit Card Authorization Form

By completing the following information you are giving Professional Data Storage and Delivery, Inc. authorization to charge the specified account for:

- One time only, Invoice(s) # _____ in the amount of \$ _____
- Automatically each month when invoices are created, the amounts will vary
- On a recurring basis, **after** pre-approval for specific amount via fax or phone

Company Name: _____

Type of Card (please circle one): Visa or Mastercard

Name on Card: _____

Card Number: _____ Expiration Date: _____

CVV2/CVC2 Code (last 3 digits located on back of card in Signature area): _____

Address & Zip Code _____

Authorized Signature: _____

This form can either be mailed or faxed to:

Jessica Mirth
Professional Data Storage & Delivery, Inc
680 Atlantis Road
Melbourne, FL 32904
321-768-1688 (fax)

For questions please call 321-768-7828 or email jmirth@prodatastorage.com